

VERTICAL ENDEAVORS



www.verticalendeavors.com

Spring Climbing Camp 2010

CAMP - Ages 6 - 9

March 29, 1-5pm
 March 29, 9am-5pm*
 March 30, 1-5pm
 March 31, 9am-1pm
 April 1, 1-5pm
 April 2, 1-5pm
 April 2, 9am-5pm*

1/2 Day Camps \$35^{+tax} Members / \$45^{+tax} Non-Members each day
***Full Day Camps \$60^{+tax} Members / \$75^{+tax} Non-Members each day**

Camp - Ages 13 - 16

March 29, 9am-1pm
 March 29, 9am-5pm*
 April 2, 9am-1pm
 April 2, 9am-5pm*

1/2 Day Camps \$35^{+tax} Members / \$45^{+tax} Non-Members each day
***Full Day Camps \$60^{+tax} Members / \$75^{+tax} Non-Members each day**

CAMP - Ages 10 - 12

March 29, 9am-1pm
 March 29, 9am-5pm*
 March 30, 9am-1pm
 March 31, 1-5pm
 April 1, 9am-1pm
 April 2, 9am-1pm
 April 2, 9am-5pm*

1/2 Day Camps \$35^{+tax} Members / \$45^{+tax} Non-Members each day
***Full Day Camps \$60^{+tax} Members / \$75^{+tax} Non-Members each day**

Register for multiple camp days and save 10% - sign up today!

\$35 + tax = **\$37.67**
 \$45 + tax = **\$48.43**

\$60+ tax = **\$64.58**
 \$75+ tax = **\$80.72**

make checks payable to:
 Vertical Endeavors

OFFICE USE ONLY

Amount Paid: _____ Till #: _____ Date: _____ Employee: _____

Session Age Group/ Date / Time: _____

Climber Name: _____ Sex: M/F (circle one)

Birthday: _____ Waiver enclosed?: _____ Age: _____

Parents Name(s): _____

Preferred Phone #: _____ Email Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Emergency Phone #: _____

Amount of payment enclosed: _____

Method of Payment: Check Visa MC Discover

Card Number: _____ Exp Date: _____

Signature: _____

POLICIES

1. A Vertical Endeavors Liability Waiver and Rules Agreement must be filled out completely by each climber's parent or legal guardian prior to climber participation.
2. Registration is limited to 50 participants and is on a first come basis. Camps often fill fast, so sign up early.
3. Registration must be accompanied by full payment.
4. Refunds will not be given for incomplete attendance.
5. Written requests for refund two weeks prior to camp date will be honored, less a \$10 processing fee per climber.
6. Terms and conditions are subject to change.
7. Vertical Endeavors reserves the right to cancel camp sessions with fewer than eight participants.

MAIL TO Vertical Endeavors
 845 Phalen Blvd
 St. Paul, MN 55106

phone: 651.776.1430
 fax: 651.776.1128